

Radiologic Technology Certificate Application

Last Name		First		M.I.
Failure to use your full legal name may result in your application or examination being denied.				
Date of Birth	Social Security Number		Phone Number	
Street or P.O. Box number		City	State	ZIP Code

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. This information may also be provided to the American Registry of Radiologic Technologist for examination purposes. For information or access to your records, contact the Chief of the Certification Unit at the California Department of Public Health, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Certificate applied for. Select only one.

- ☐ Diagnostic Radiologic Technology Certificate
- ☐ Therapeutic Radiologic Technology Certificate

Return this form along with:

- ☐ A copy of your certificate that indicates you have passed the American Registry of Radiologic Technologist (ARRT) examination for Radiography or Radiation Therapy. And,
- ☐ An application fee of \$75.00 in the form of a check or money order payable to *CDPH-RHB* (California Department of Public Health – Radiologic Health Branch).

If you do not intend to take the ARRT examination for nationally recognized certification, you may return this form along with:

- ☐ A copy of your graduation diploma from a Department approved school in diagnostic or therapeutic radiologic technology.
- ☐ An application fee of \$75.00 in the form of a check or money order payable to *CDPH-RHB* (California Department of Public Health – Radiologic Health Branch).
- ☐ A additional separate payment of \$65.00 in the form of a cashiers check or money order payable to the American Registry of Radiologic Technologist for 'California' certification examination fee.

I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke certificates that are procured by fraud, misrepresentation, or mistake, or for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I am certified pursuant to the Radiologic Technology Act, I am acting within the scope of that certification, and I am acting under the supervision of a licensee of the healing arts who is a certified supervisor or operator.

Signature	Date
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Mail completed application to:

Certification Unit
California Department of Health Services
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414